

FIG.1 PRIOR ART

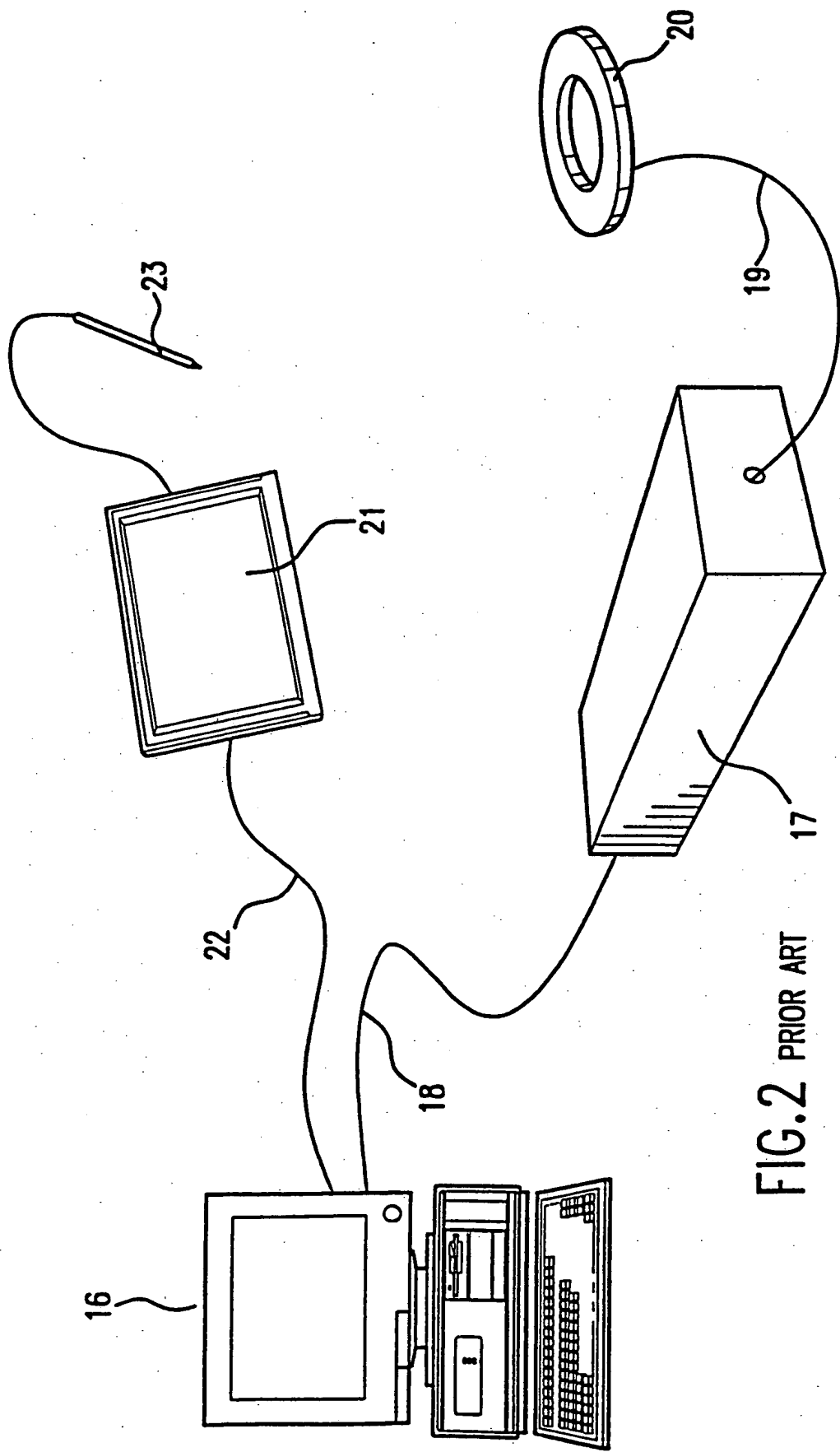


FIG. 2 PRIOR ART

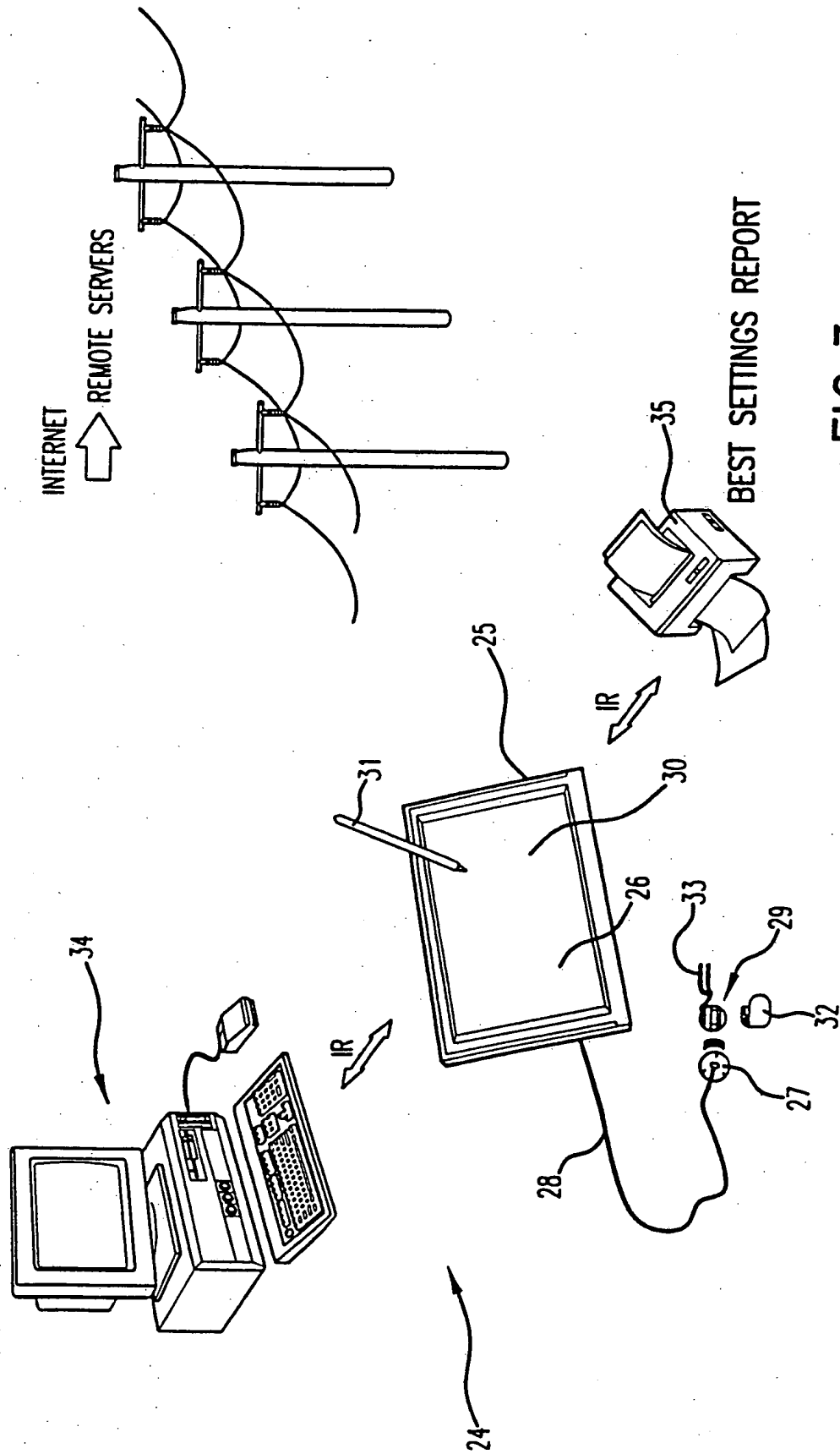


FIG.3

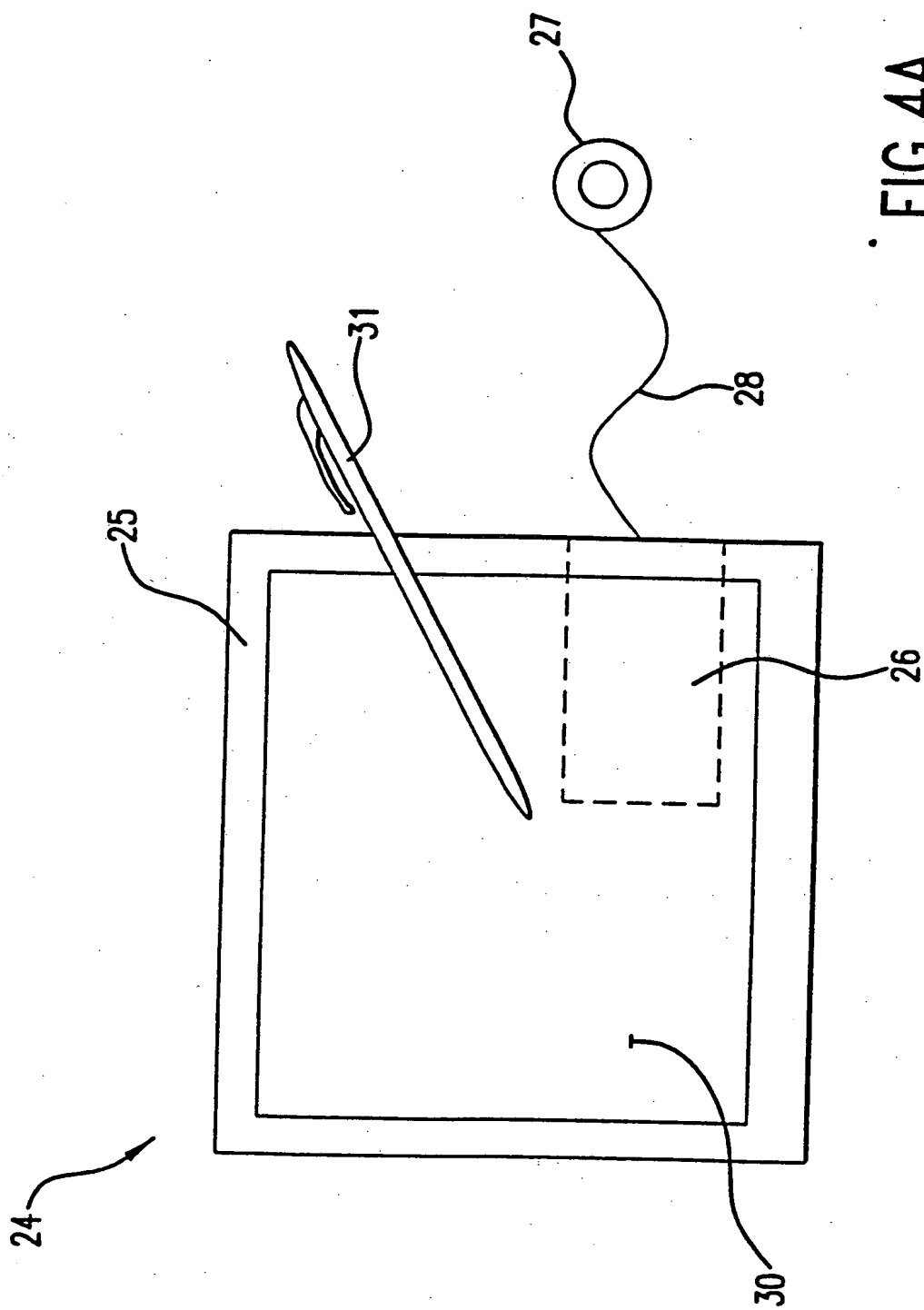


FIG. 4A

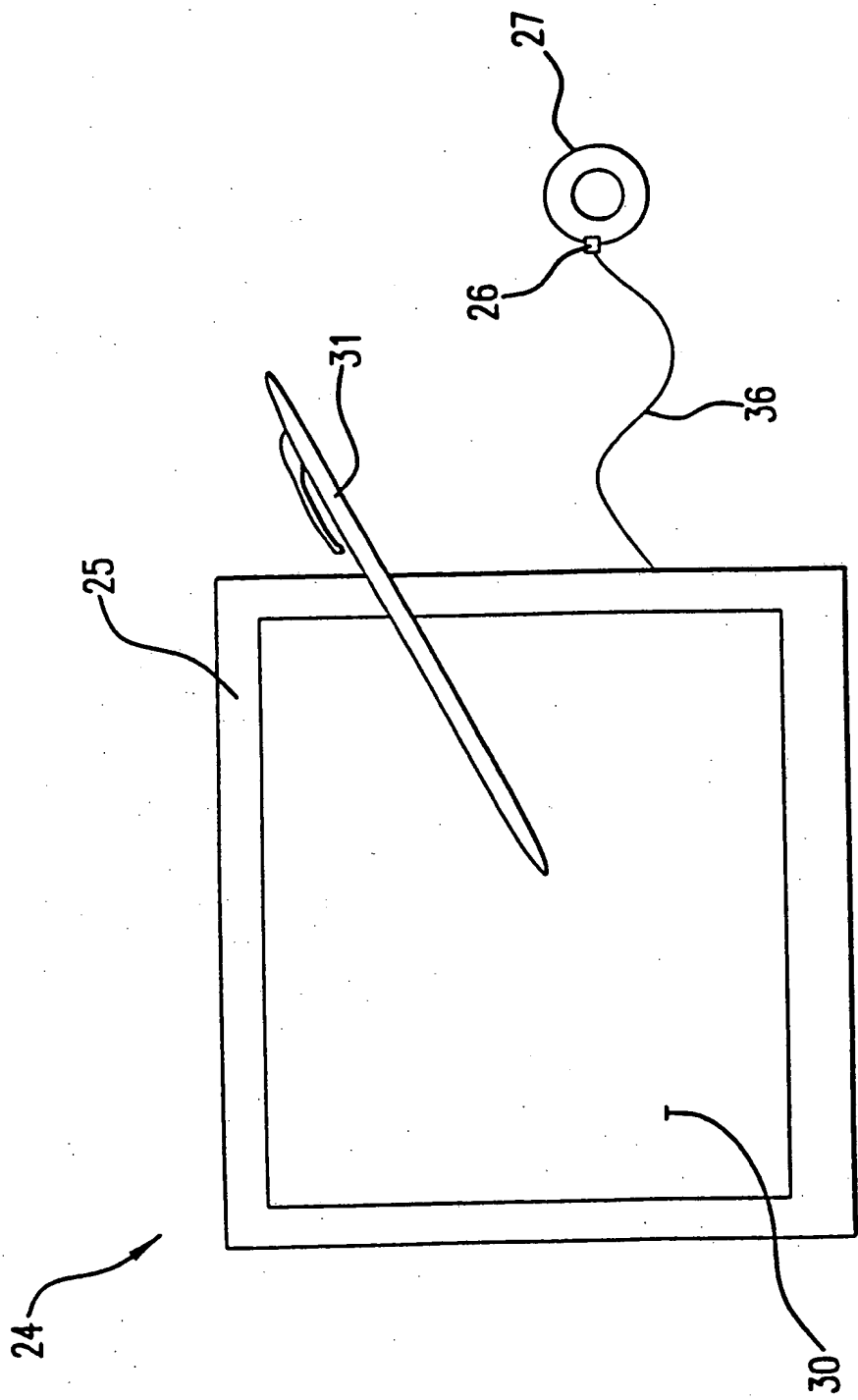


FIG. 4B

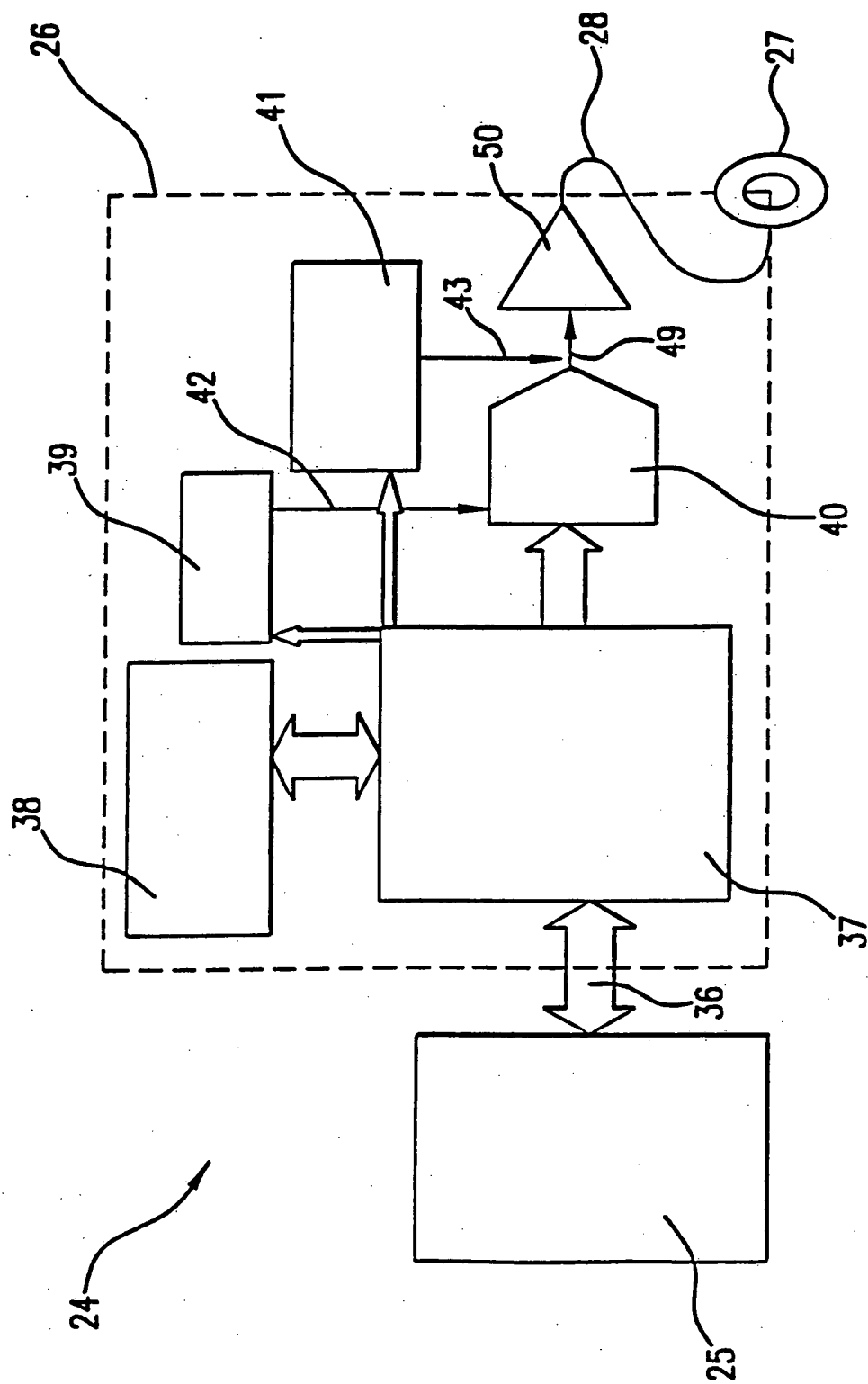


FIG. 5

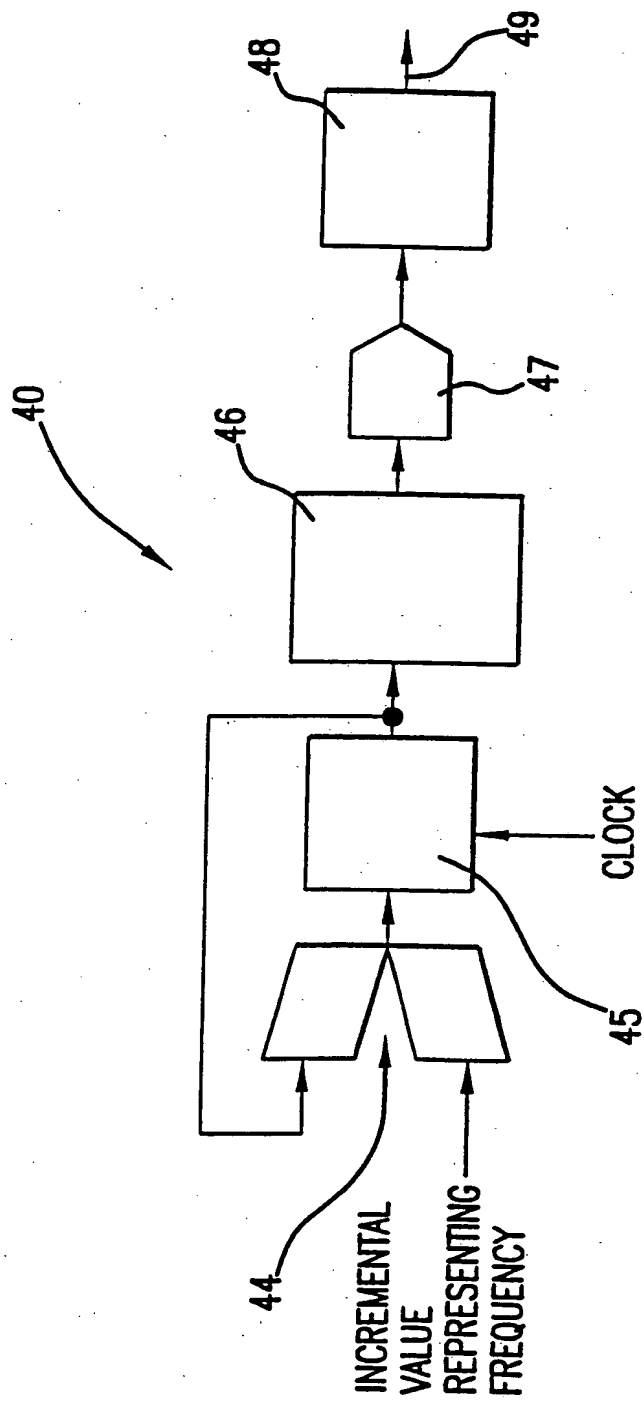


FIG.6

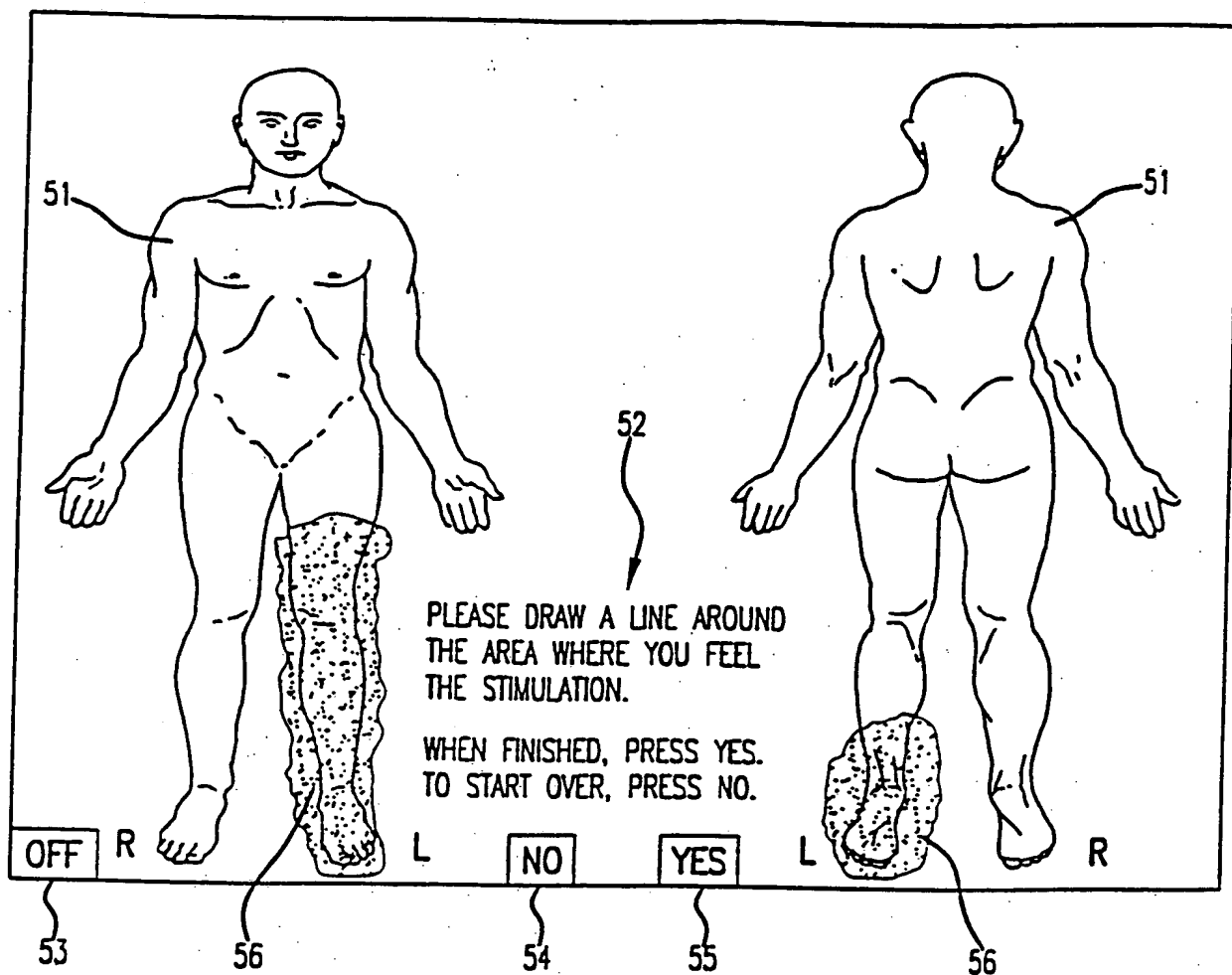


FIG. 7A

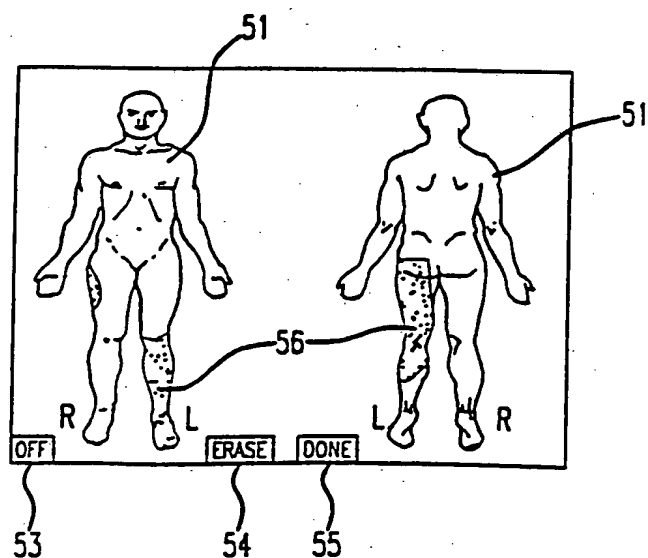
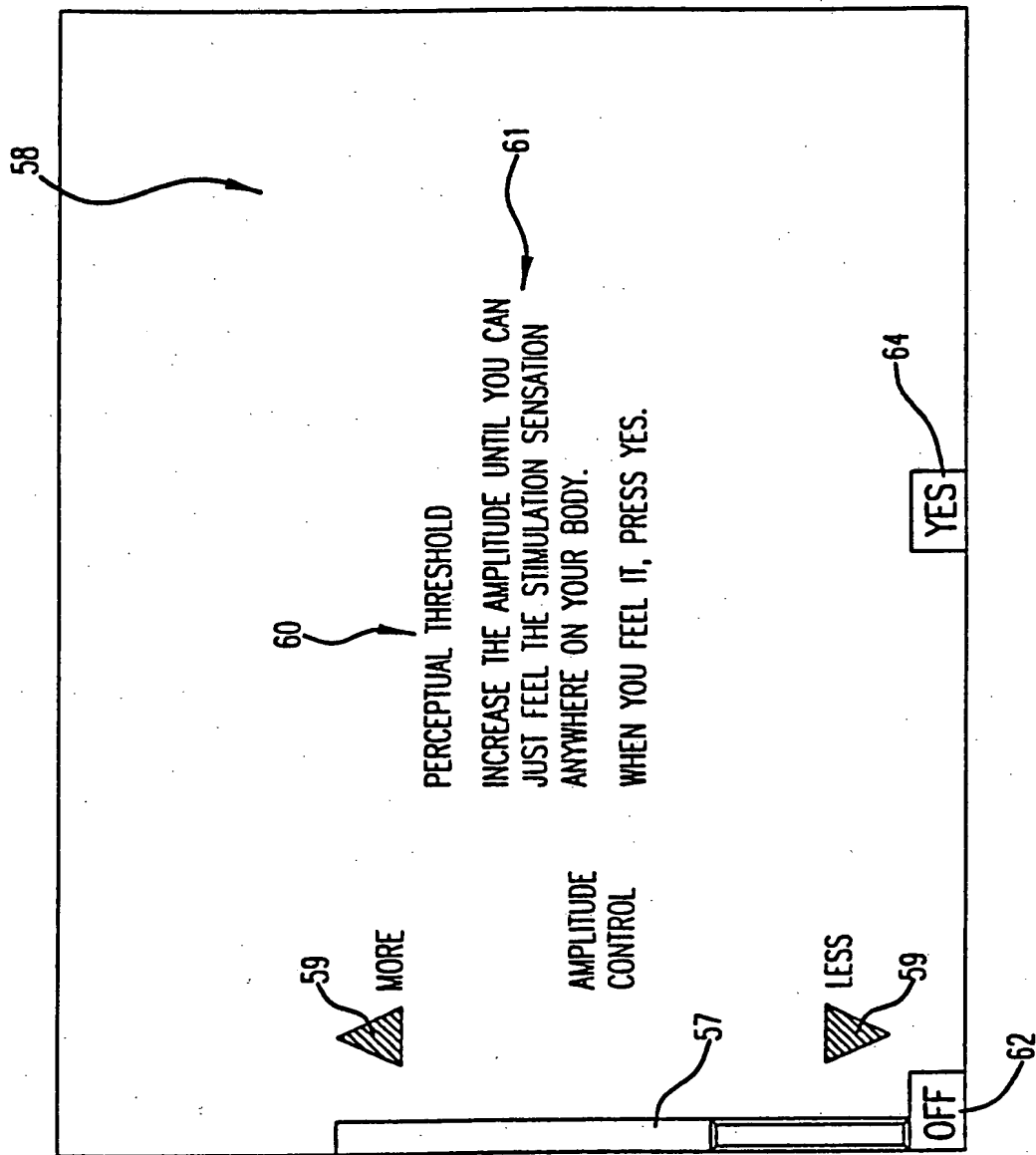


FIG. 7B



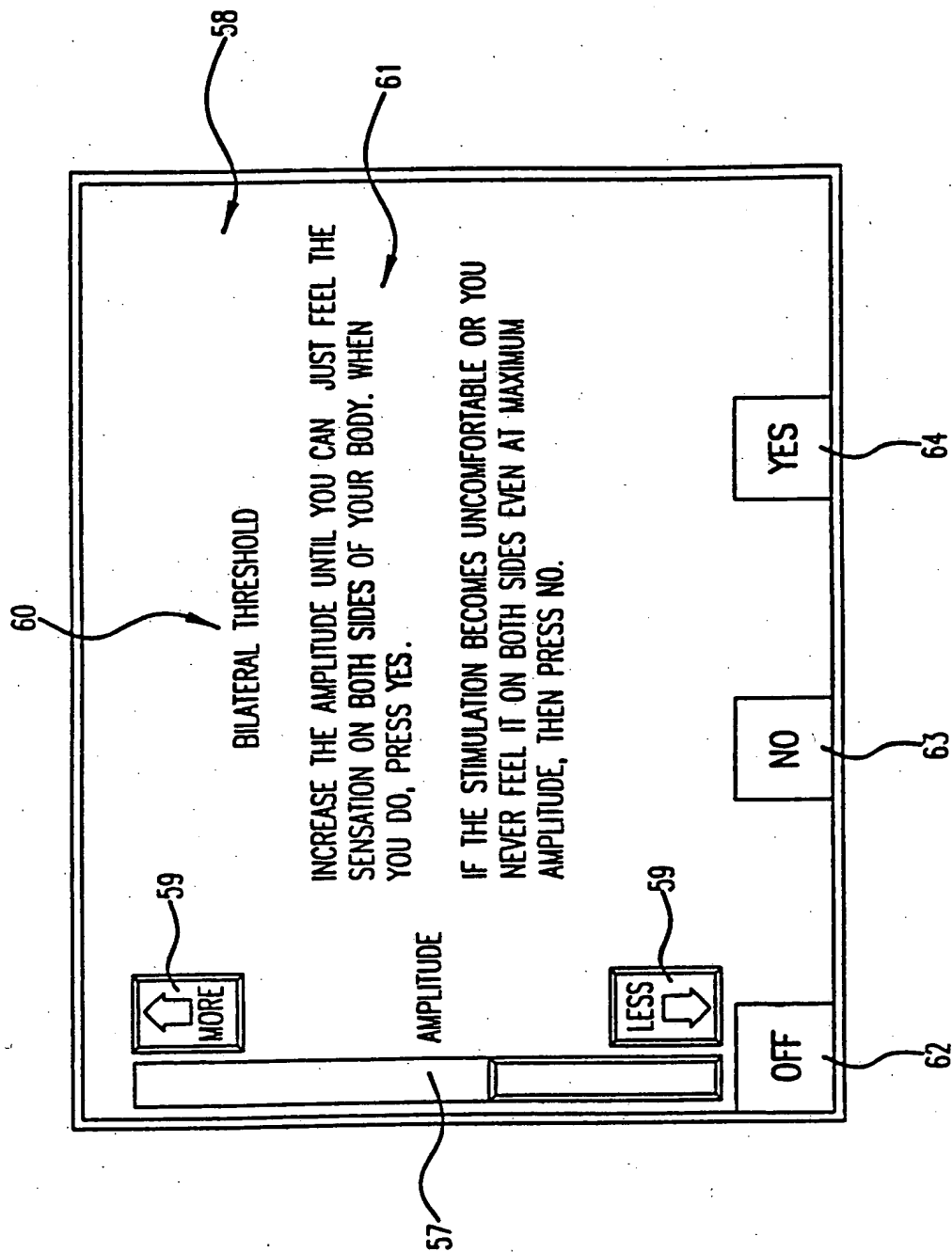


FIG. 8B

66

65

PLEASE RATE THE OVERLAP OF THE STIMULATION
SENSATION WITH YOUR PAIN AREAS BY MARKING
THE HORIZONTAL LINE BELOW.

WHEN YOU ARE SATISFIED, PRESS YES.

NONE 67 MAXIMUM

RATING

OFF 68 YES 69

FIG. 9A

66

65

OVERLAP RATING

PLEASE RATE THE OVERLAP OF THE STIMULATION
SENSATION WITH YOUR PAIN AREAS BY MARKING THE
HORIZONTAL LINE BELOW. WHEN YOU ARE SATISFIED,
PRESS YES.

67

OFF 68 YES 69

FIG. 9B

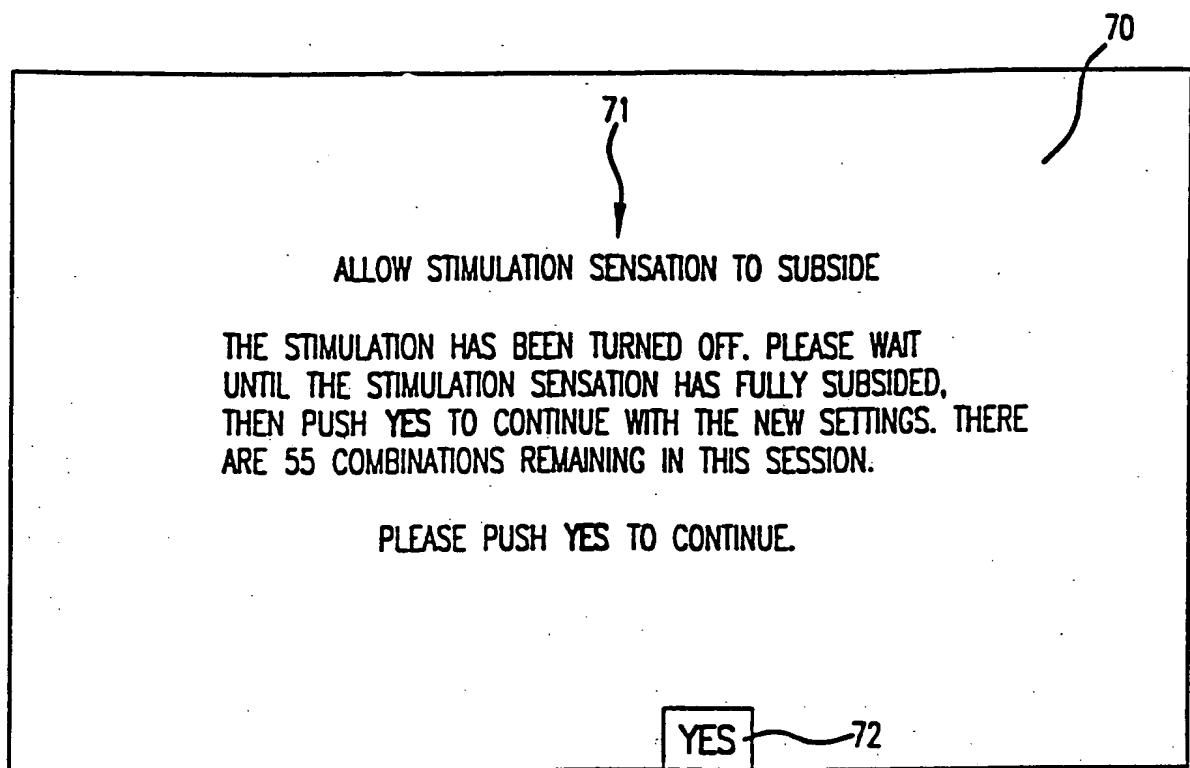


FIG. 10A

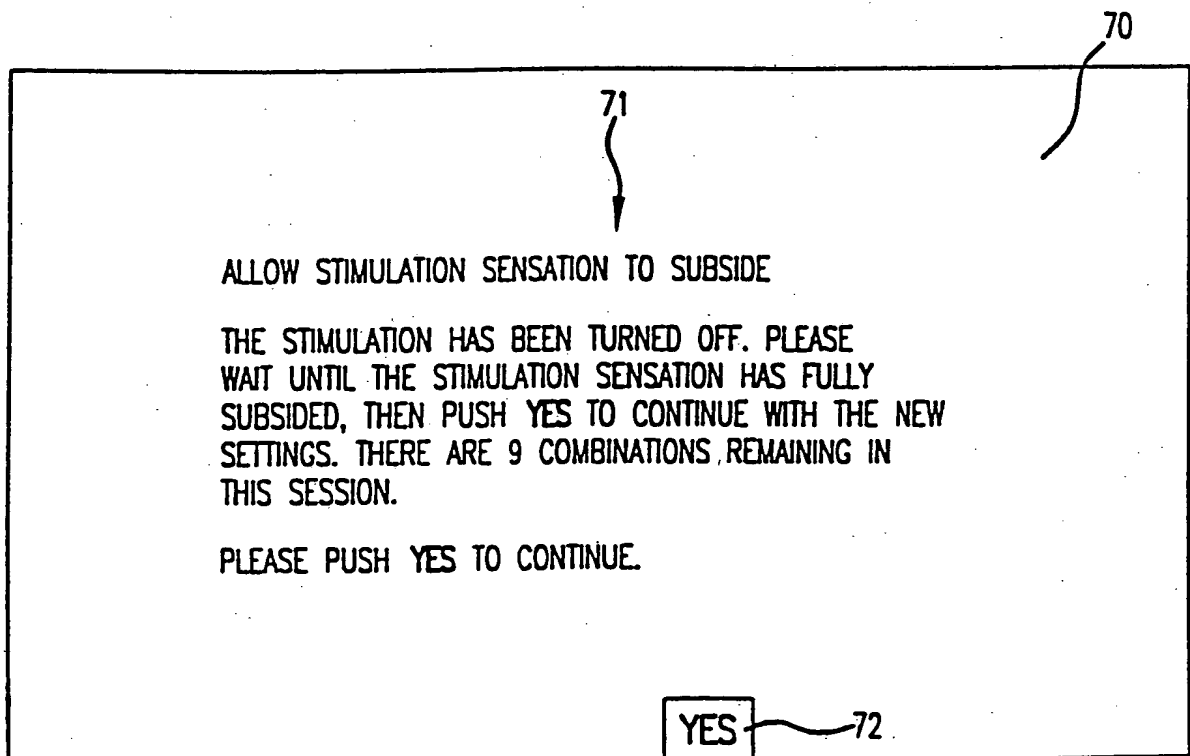


FIG. 10B

73

74

YOU DID NOT ENTER AN OUTLINE. THIS IS APPROPRIATE ONLY
IF YOU FELT NO STIMULATION AT ALL. IF YOU INDEED FELT
NO STIMULATION, ANSWER NO ON THIS SCREEN.

WOULD YOU LIKE TO GO BACK AND ENTER YOUR DRAWING AGAIN?

PRESS NO OR YES.

75 OFF

77 NO

78 YES

FIG. 11

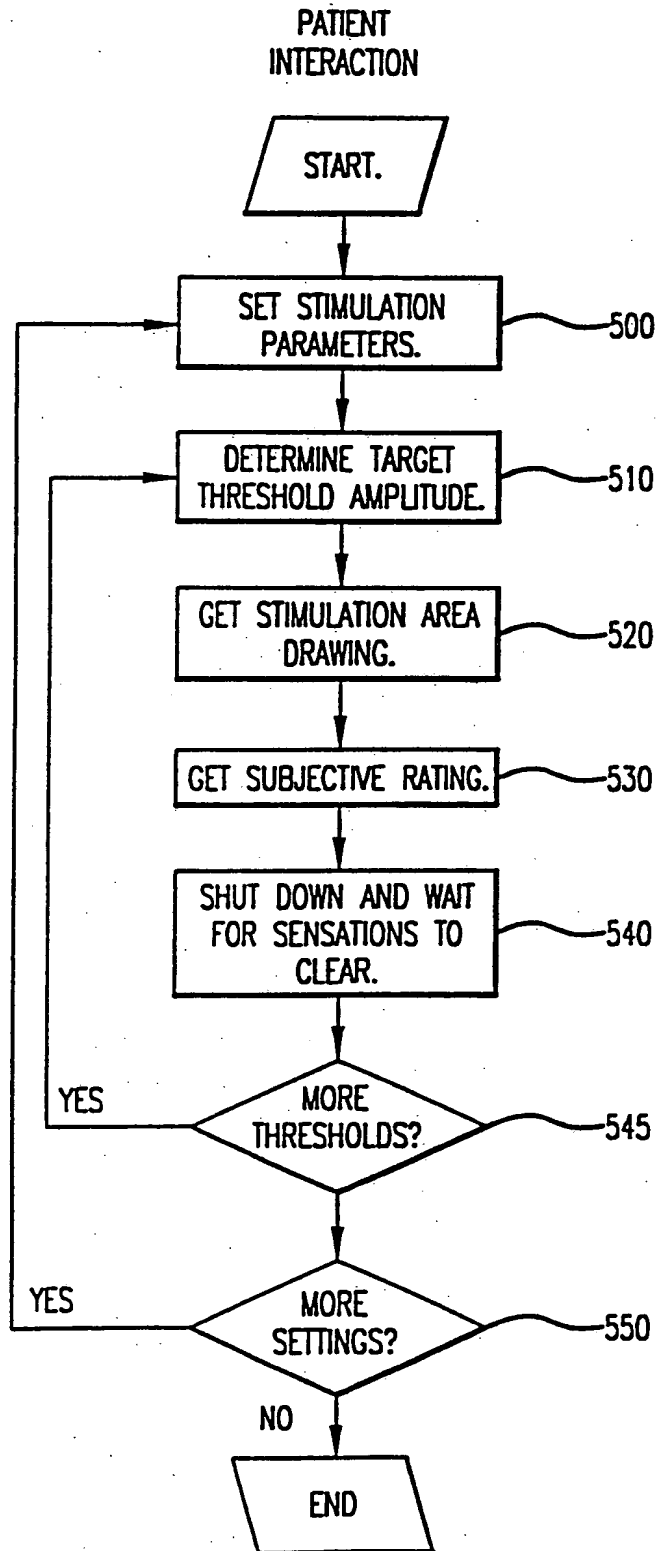
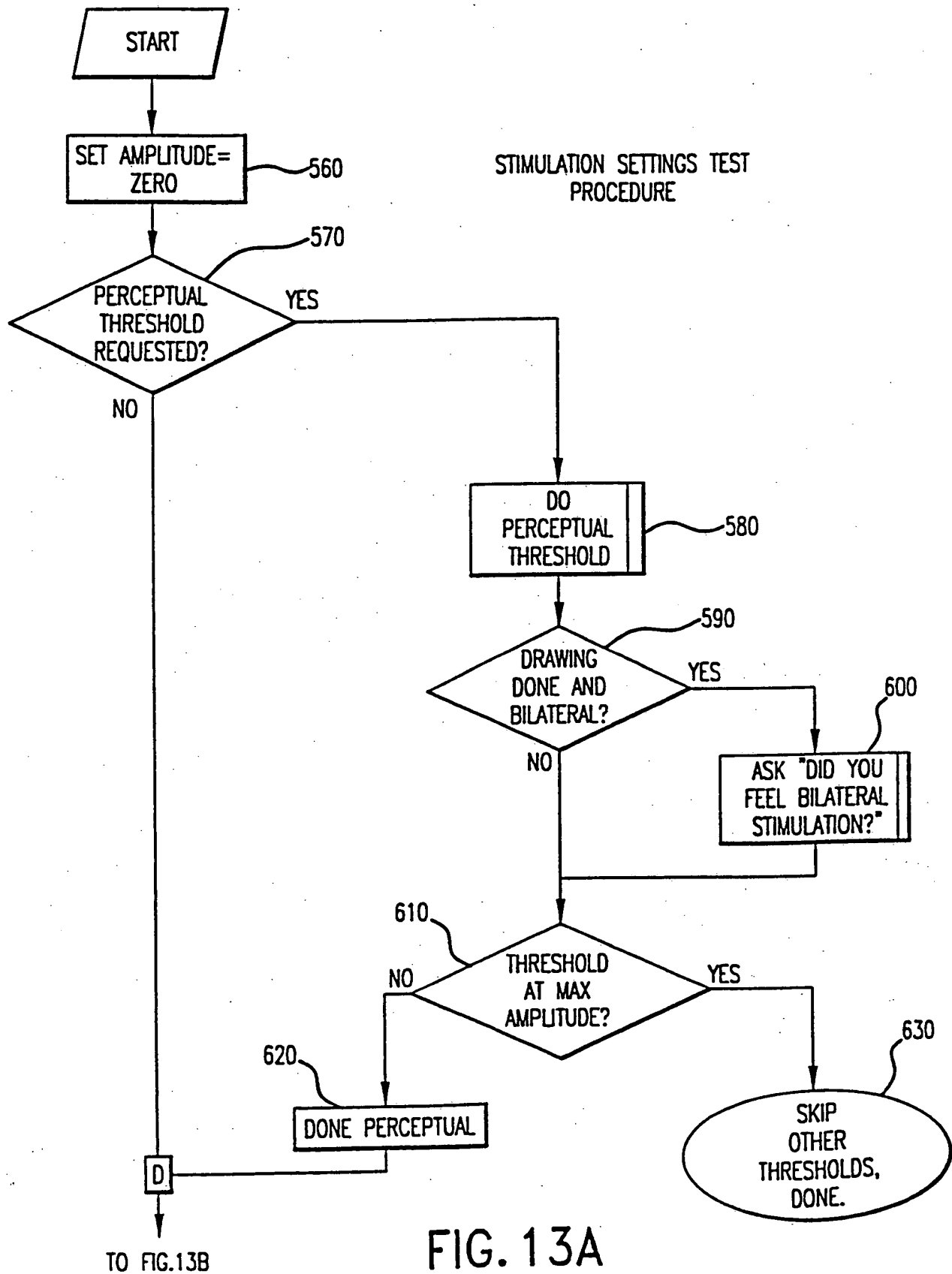
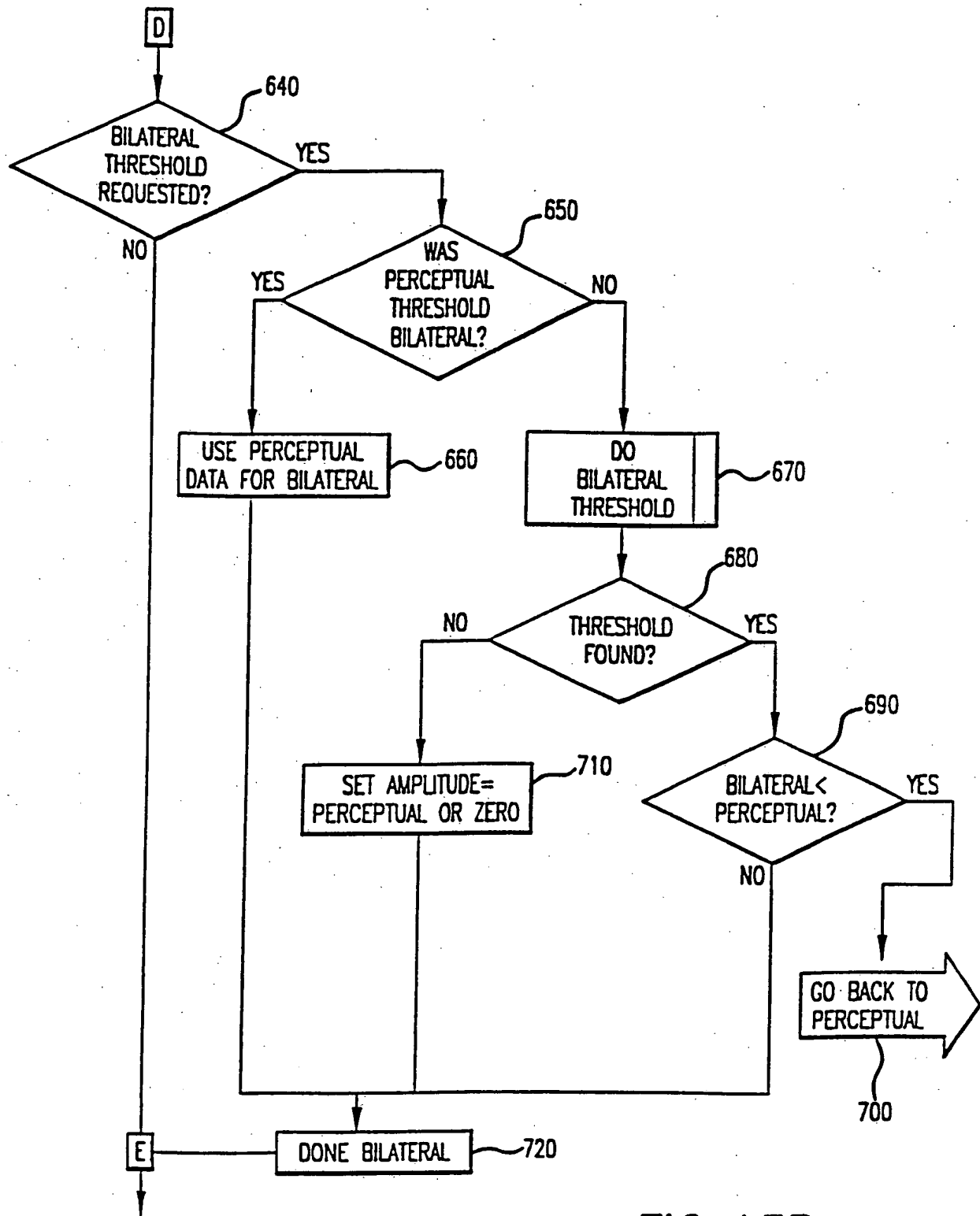


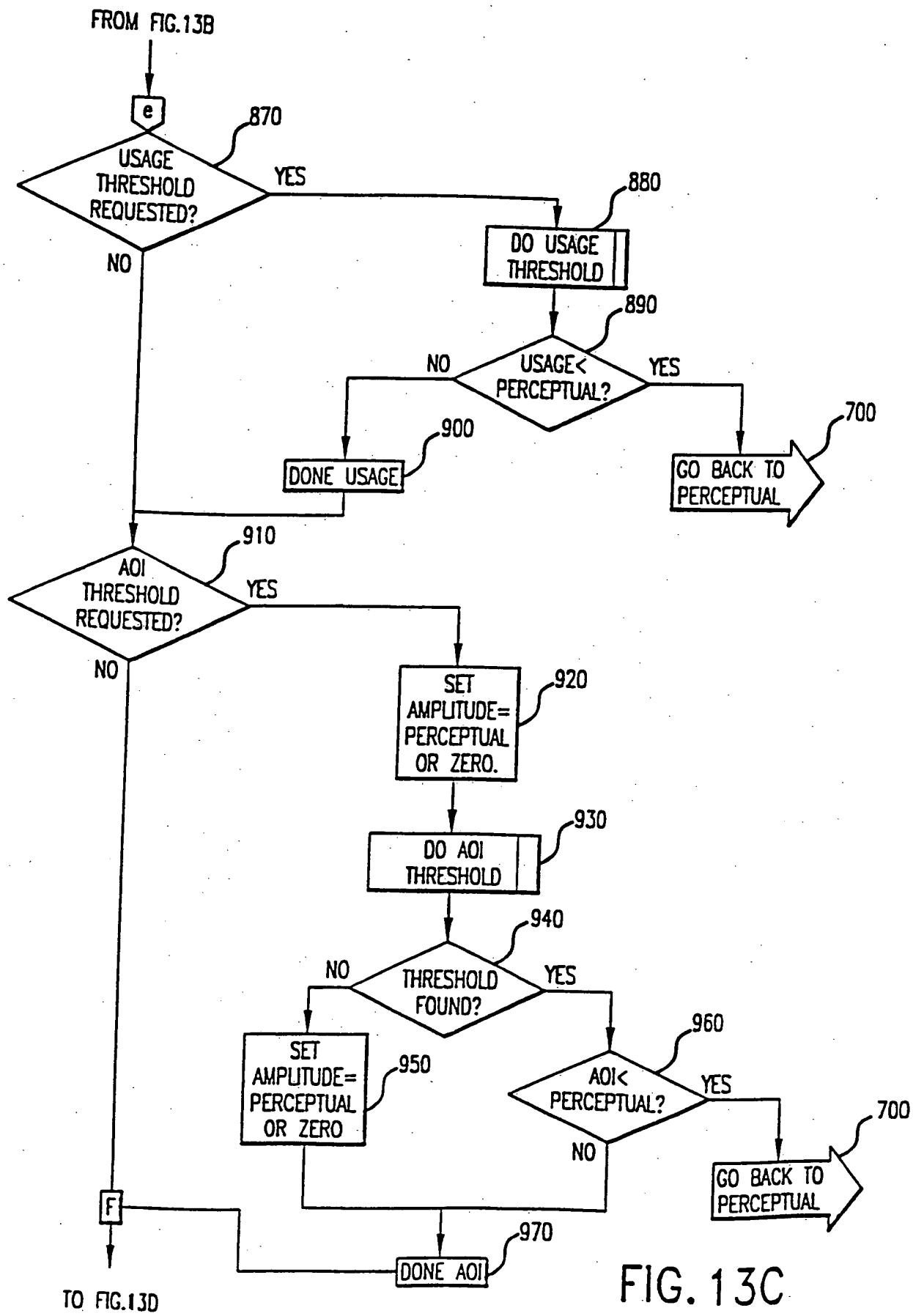
FIG. 12





TO FIG. 13C

FIG. 13B



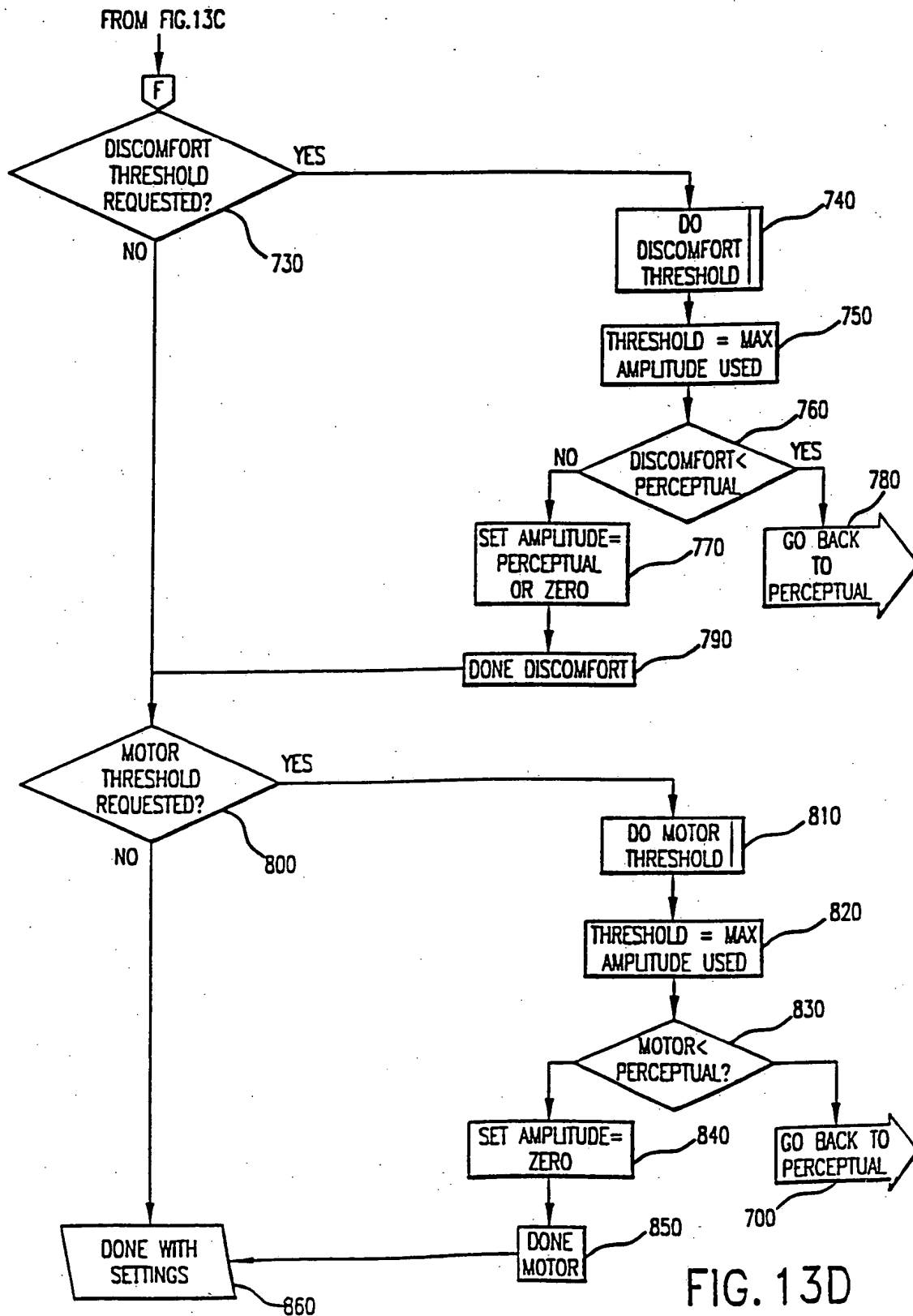
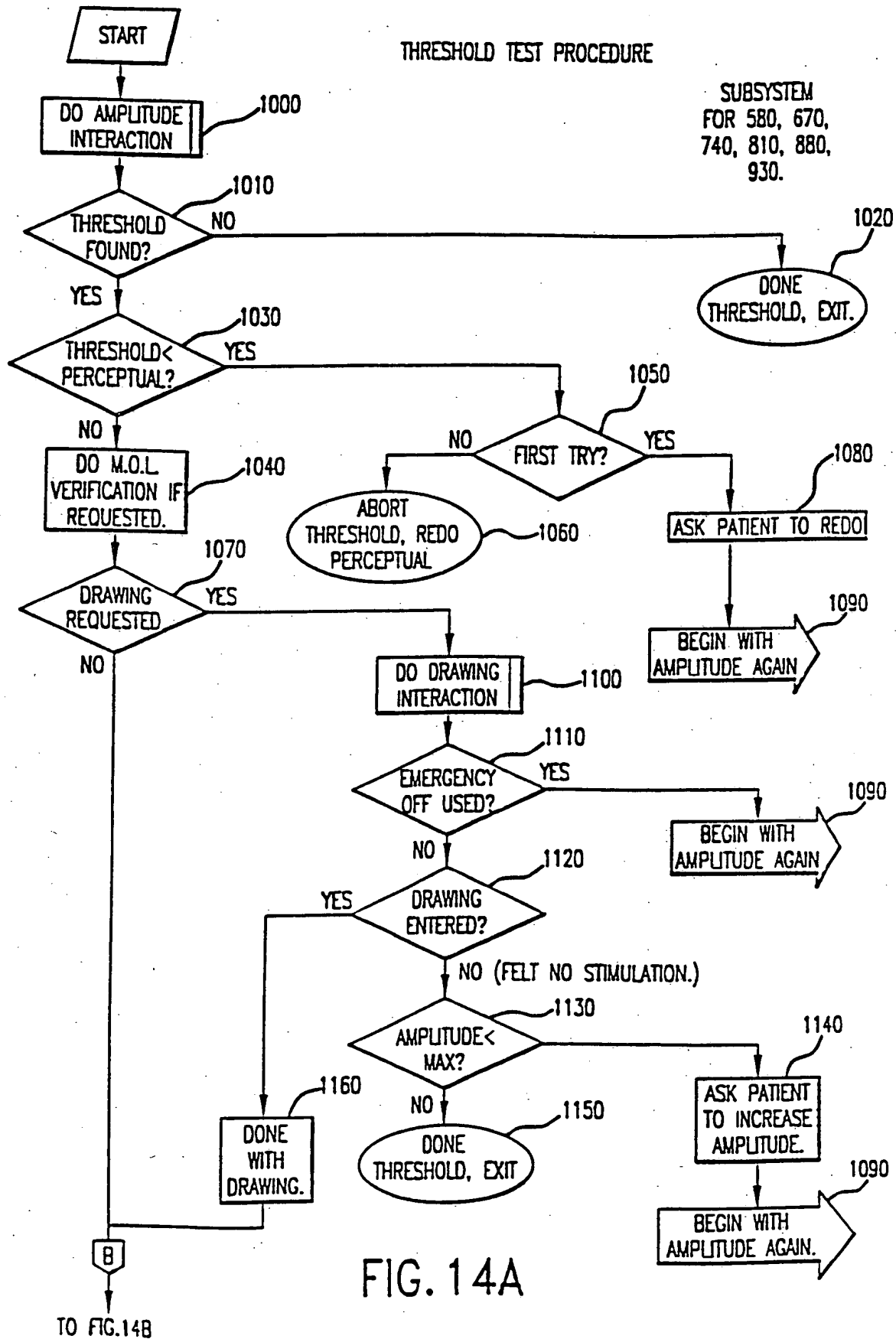


FIG. 13D



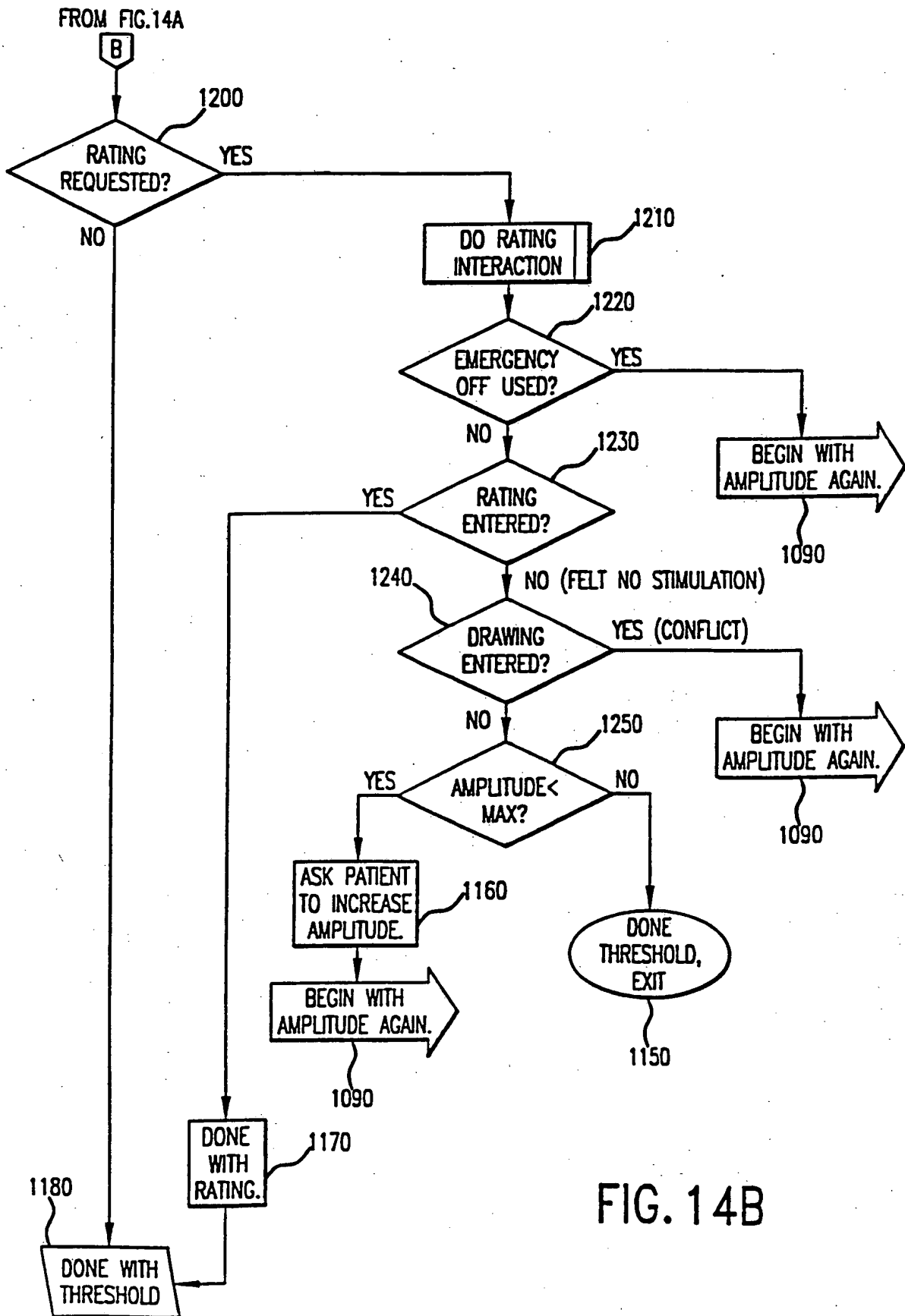


FIG. 14B

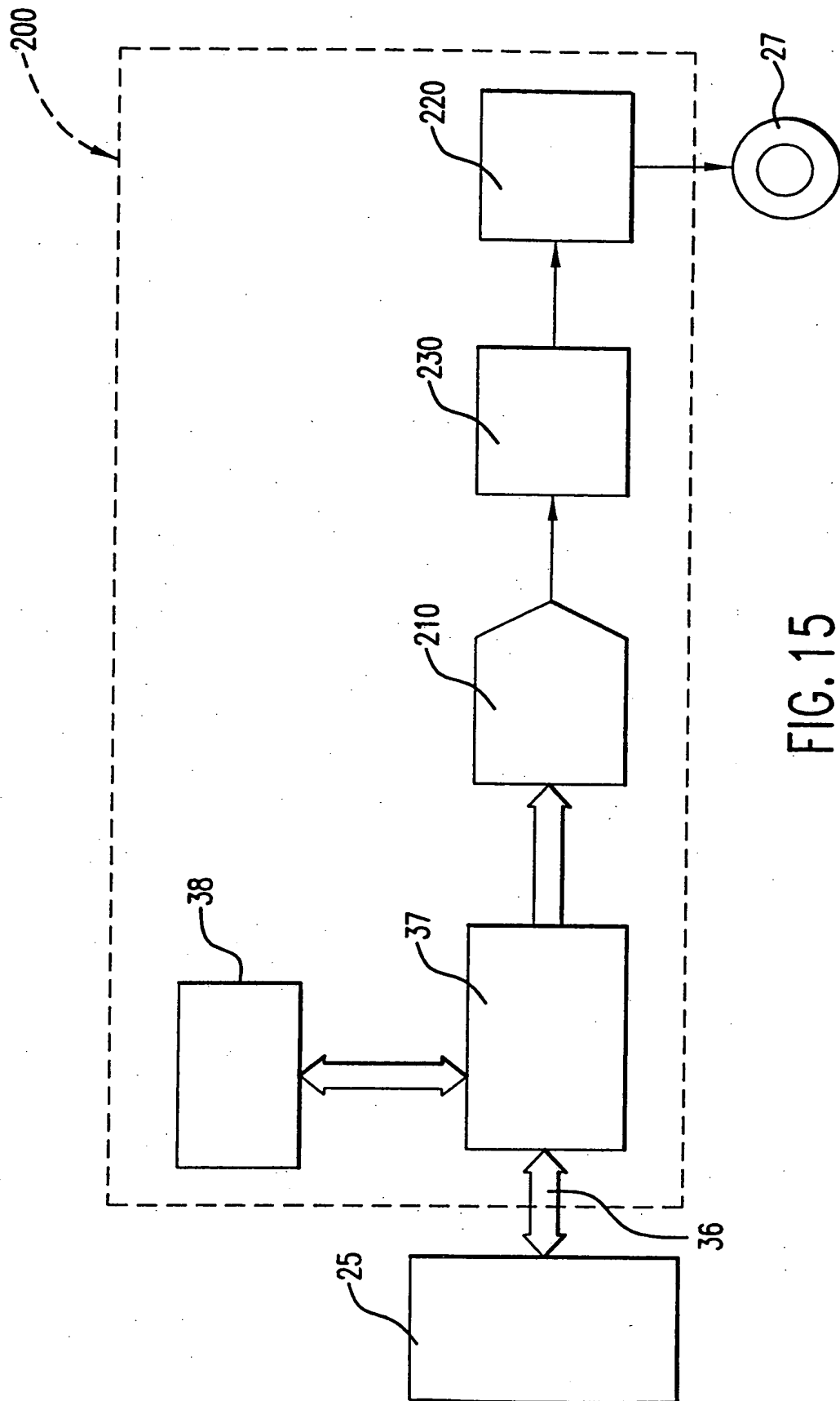


FIG. 15

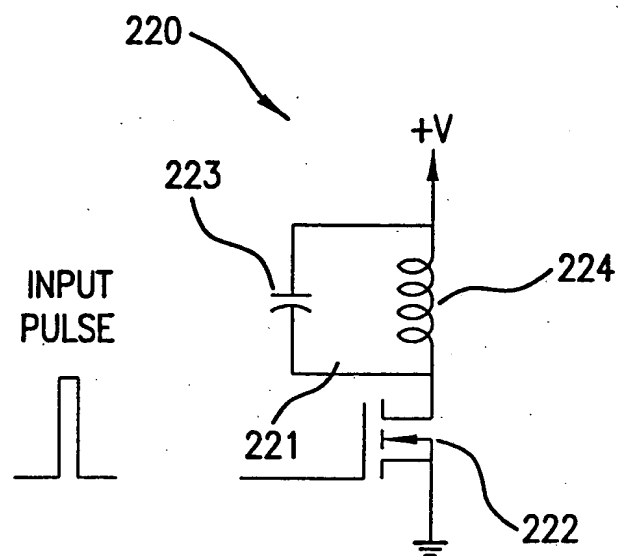


FIG. 16

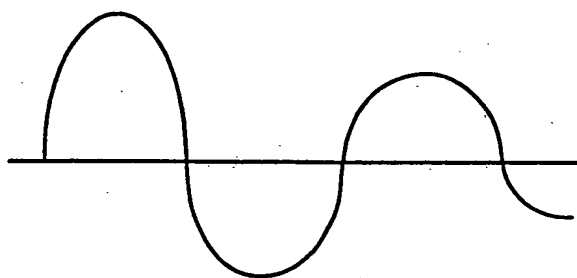


FIG. 16A

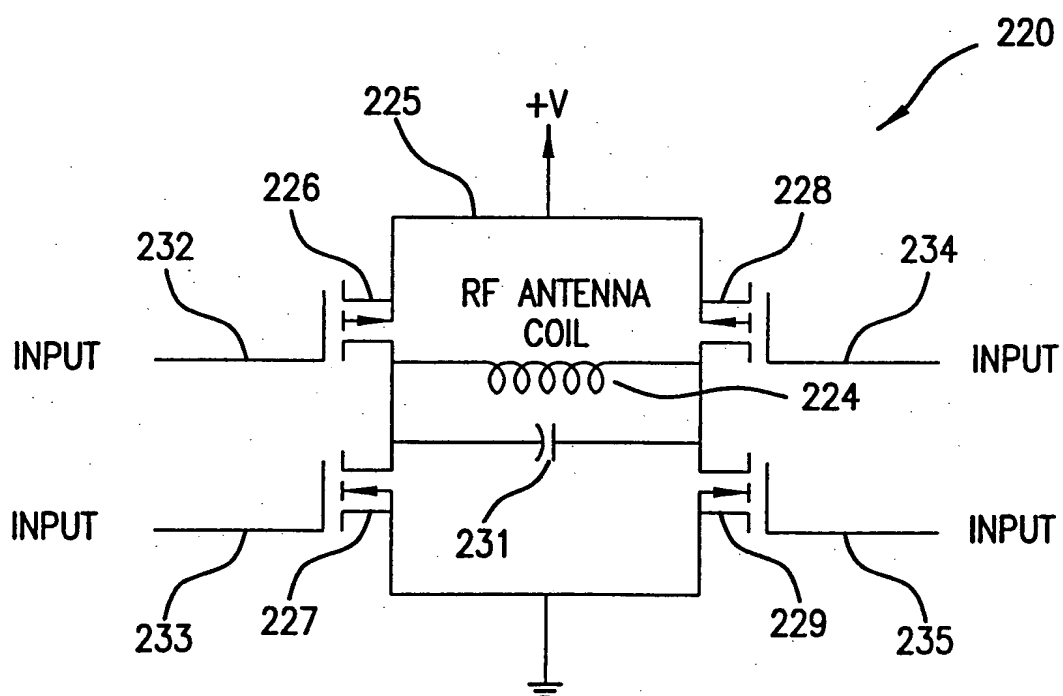


FIG. 17

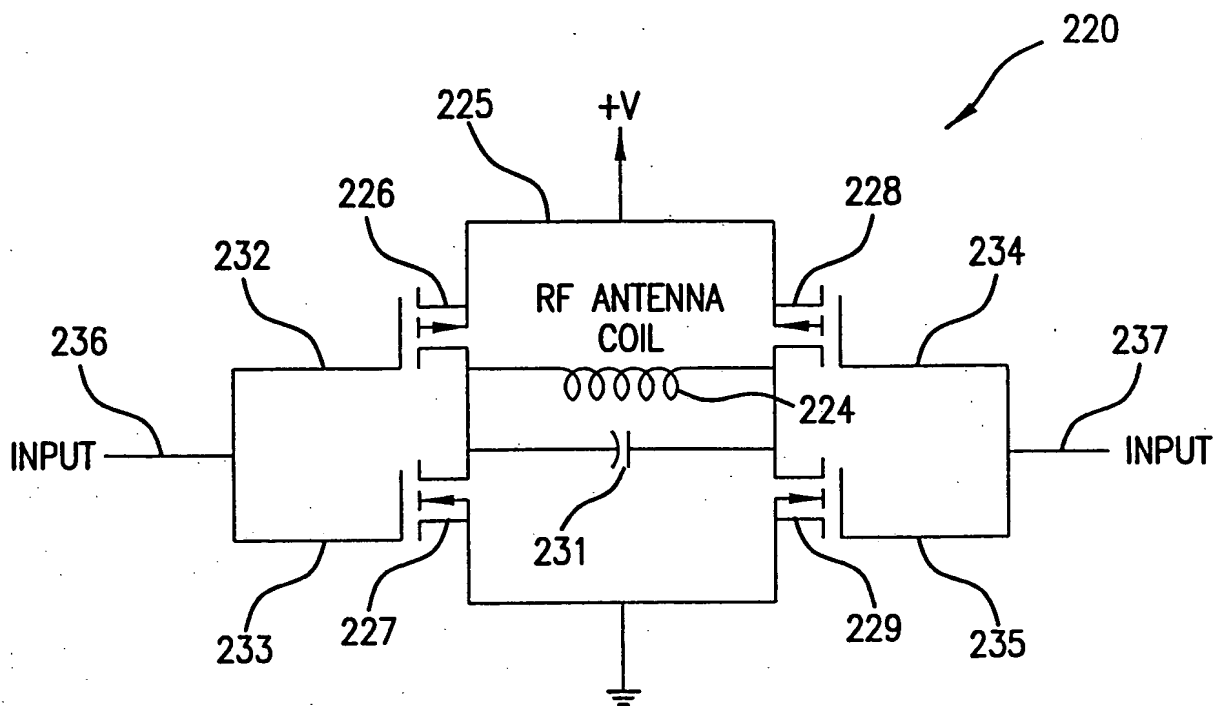


FIG. 18

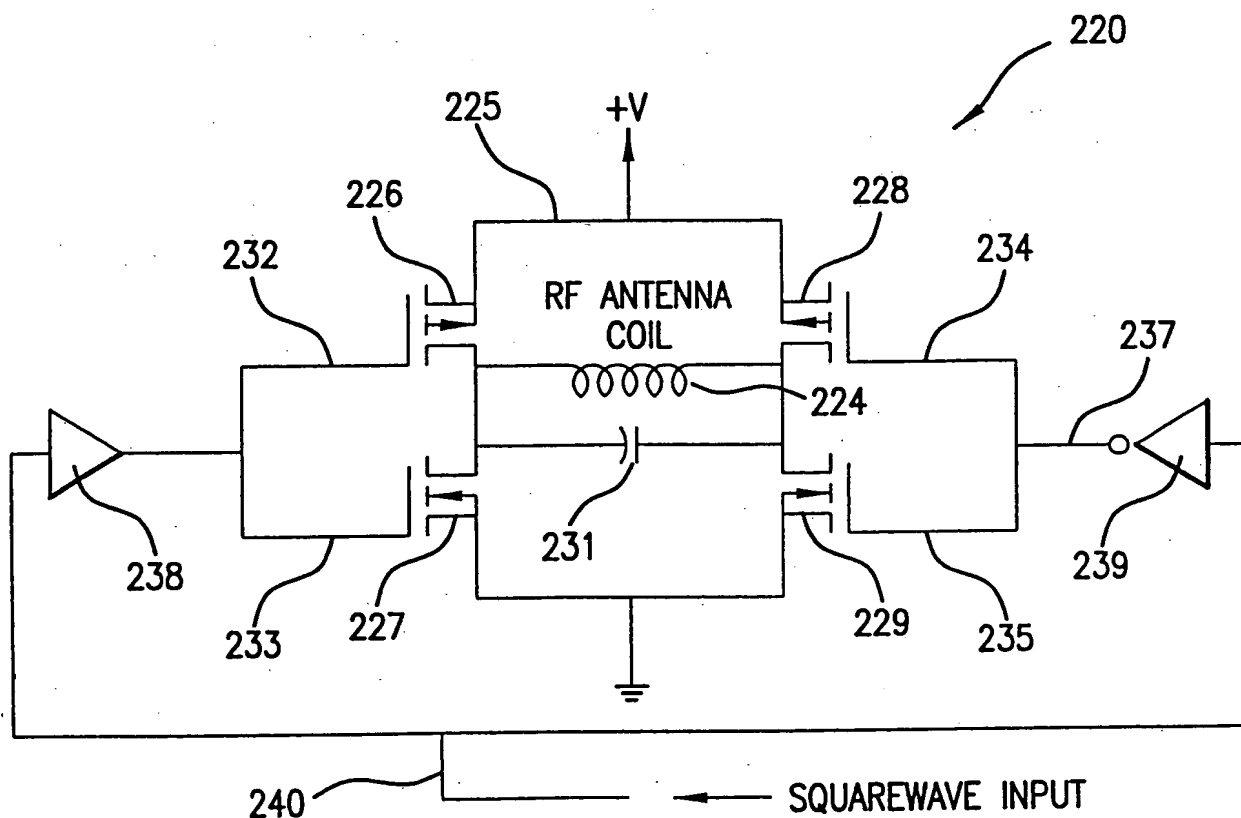


FIG. 19

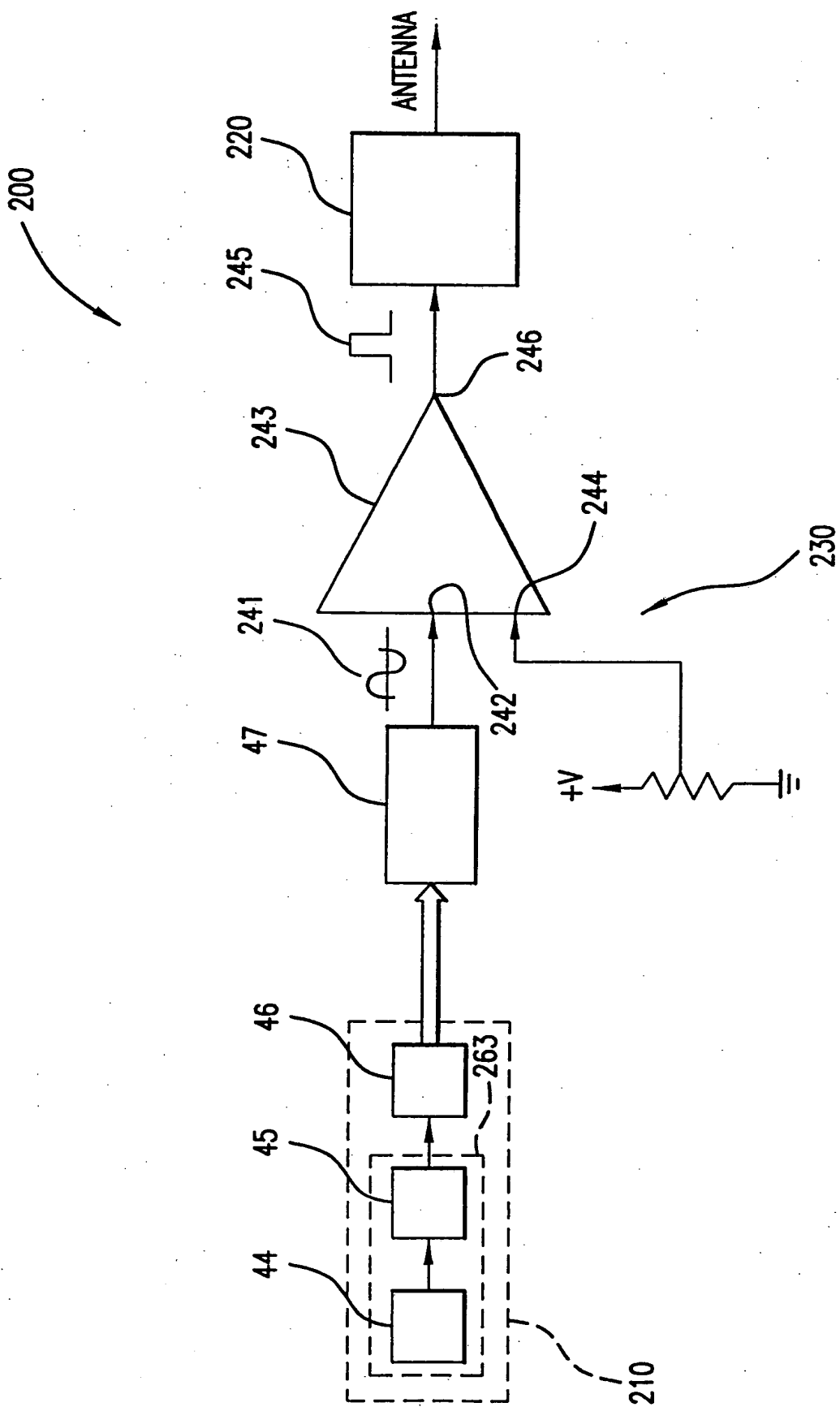


FIG. 20

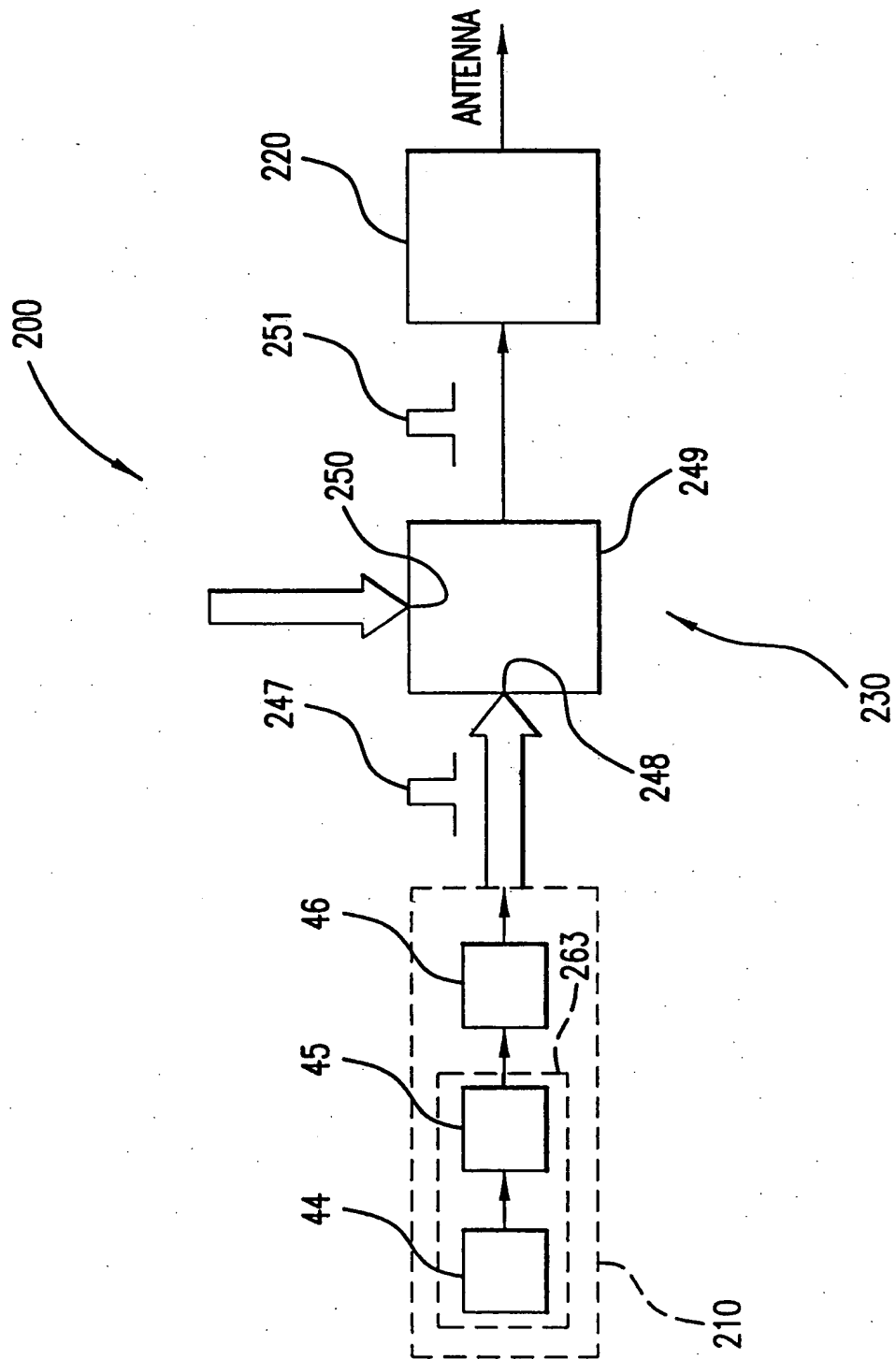


FIG. 21

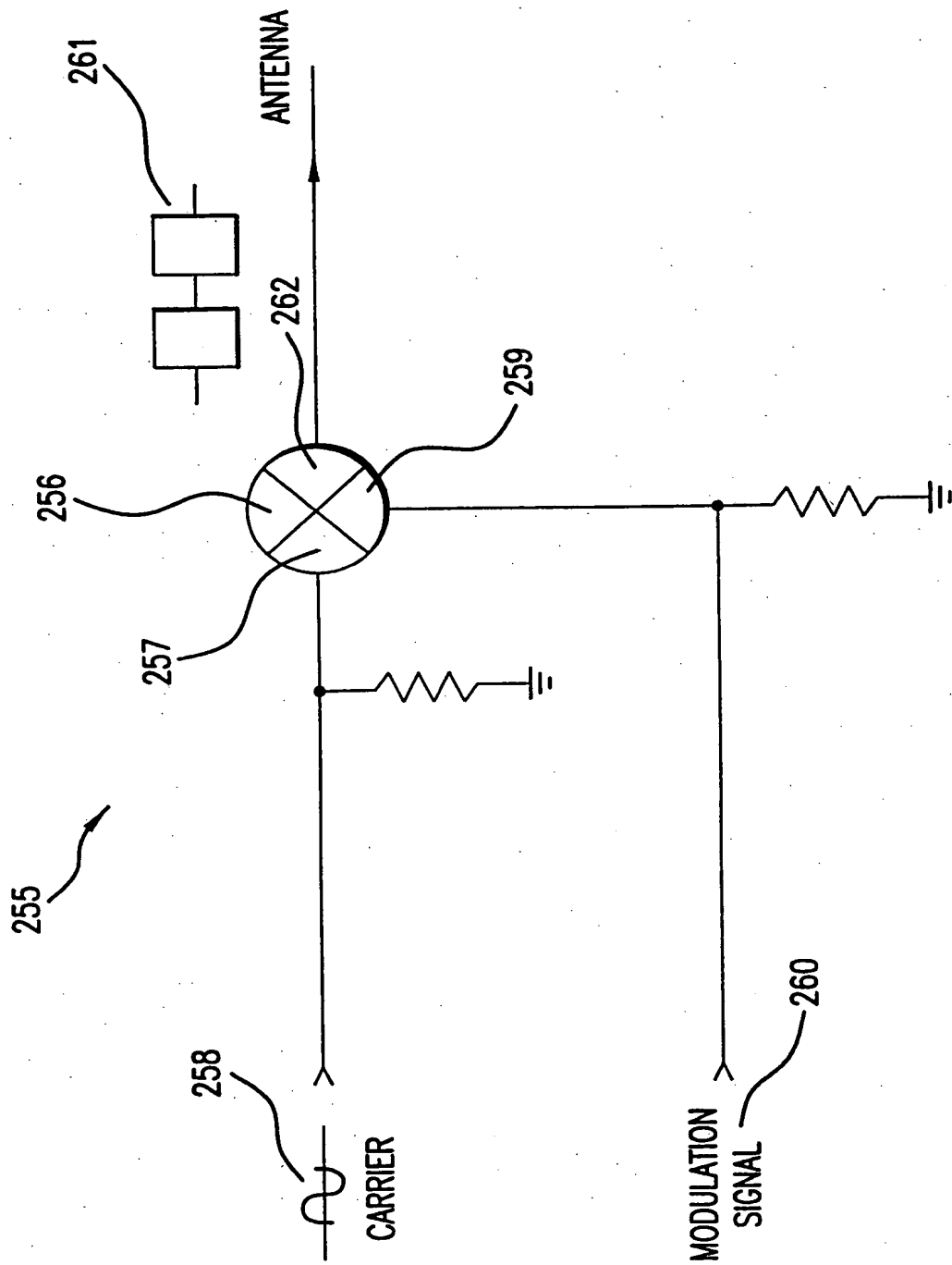


FIG. 22

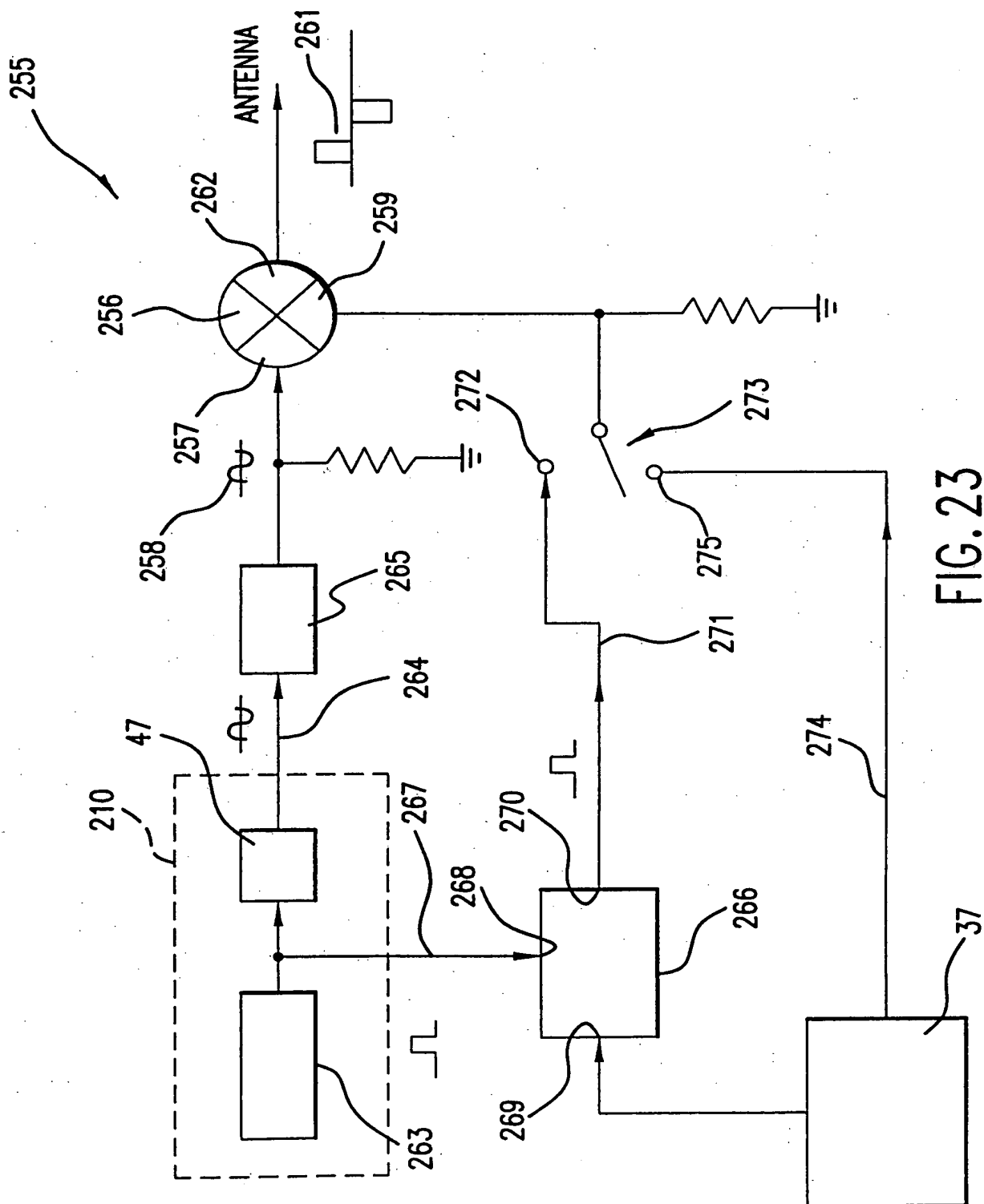


FIG. 23

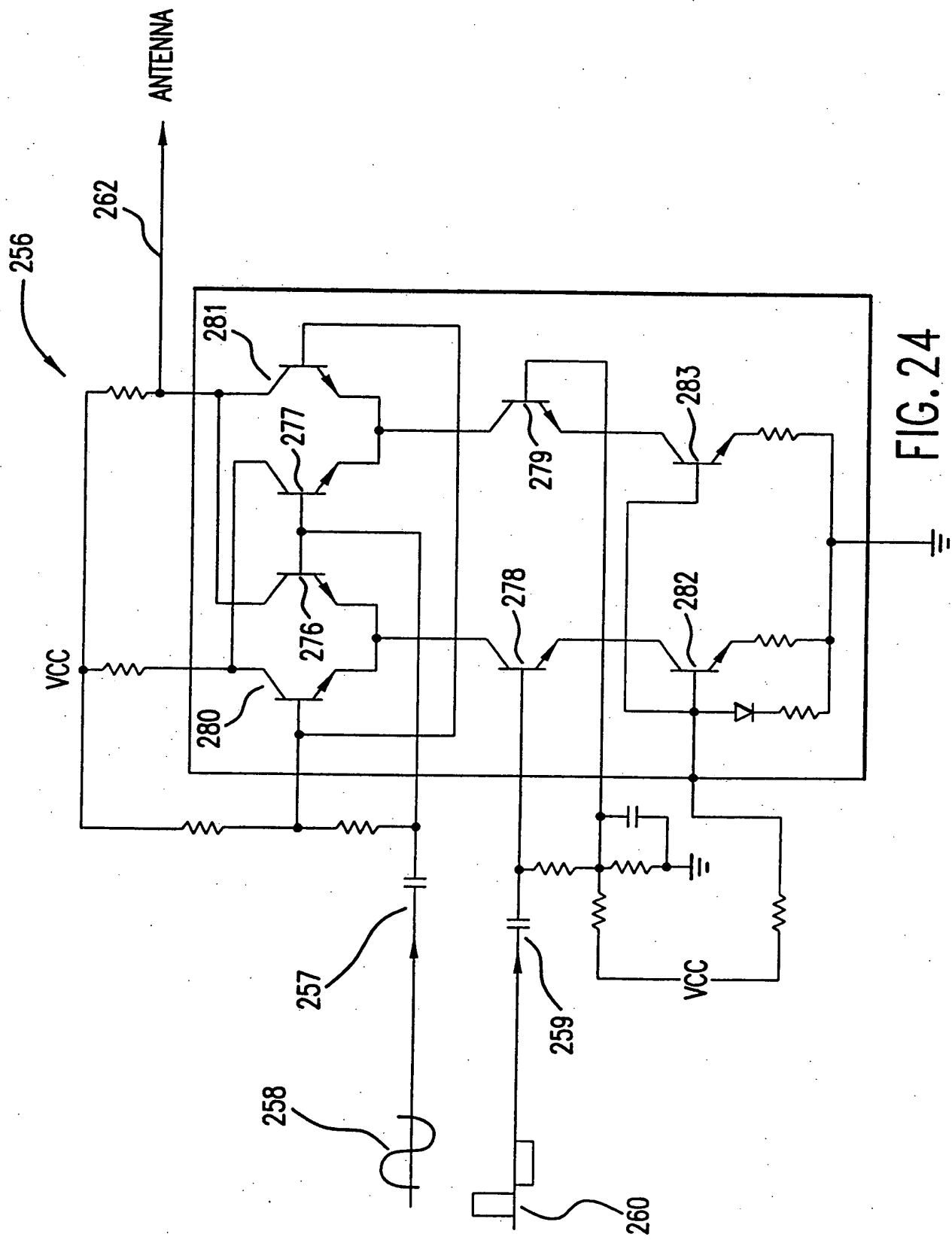


FIG. 24